

HB4619

Written comments for the House Health Policy Committee February 28, 2018

Chairman Vaupel and Members of the Committee:

My name is Alan Bolter, Associate Director of the Michigan Association of Community Mental Health Boards. Our association represents the 46 community mental health boards, 10 Prepaid Inpatient Health Plans, and over 90 provider organizations that deliver mental health, substance use disorder, and developmental disabilities services in every community across thus state.

Thank you for your interest in this important topic. While we certainly appreciate and applaud Rep. Kosowski's passion for this issue we do have several concerns regarding HB 5619 as proposed.

Medicaid Mild to Moderate Concerns

Striking the phase "the most severe forms of" from sections 116 & 208 overrides the delineation of mild to moderate services, potentially moving based solely on diagnosis the responsibility of those services, which are currently covered by the Medicaid Health Plans over to the CMH system without the resources to provide those services. Shifting additional burdens without adequate resources do not increase access to services it adds unintended financial strain and hardship onto the current system. We strongly recommend not striking the current language in the Mental Health code that references:

Services for individuals with the most severe forms of serious mental illness, serious emotional disturbance, or developmental disability.

CMH Non-Medicaid Services (General Funds) Issues

HB 5619, would certainly add additional costs on the local CMH non-Medicaid services. First it appears that HB 5619, would give priority status to various diagnoses regardless of severity of their condition, and expand the CMH requirements into mild to moderate conditions (increasing the number of individuals eligible for GF services) without increase revenue.

In 2014, CMH general fund was reduced by \$200 million (60% reduction), which served as the state savings for the Medicaid expansion implementation. As a result, 10,000 Michigan residents (who do not qualify for Medicaid or HMP) lost their mental health coverage.

There is only \$120 million available for Michigan residents without Medicaid coverage and includes services such as: inpatient psychiatric care, crisis intervention services, psychiatric care and medications, Medicaid spend down, psychotherapy, residential care, jail based services, and homebased care.

Section 208 of the mental health code establishes service priorities for CMHSPs as to who receives services.

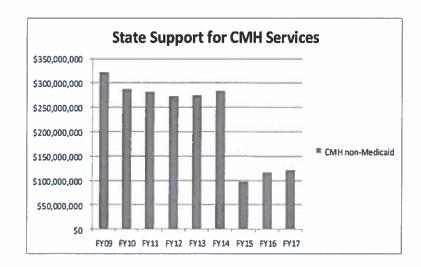
MUST SERVE

- 1. persons in emergent / crisis situations
- 2. persons with more severe forms of severe mental illness (SMI), serious emotional disturbance (SED), and developmental/intellectual disability (DD)

IF FUNDING EXISTS

- 3. persons with SMI, SED, and DD
- 4. mild/moderate mental illness,
- 5. the general community including prevention.

Due to dramatic general fund shifts in recent years those persons in categories 3 – 5 for most parts of the state are not receiving services.



Limits Access to Services & Local Control of Resources

Our members believe access to services should be based on severity not simply diagnosis. Subsections (2)(a)(i) & (v) that states priority shall be given to various diagnosis and children in foster care, we believe these sections will actually result in less access to services versus more access. These subsections give preference to the listed diagnosis regardless of their severity, simply having one of the listed conditions does not mean that individual's condition is severe/serious. Simply put, this bill moves those groups of individuals to the front of line for both Medicaid & GF/non-Medicaid services, while moving perhaps more needy individuals down the line or to a wait list for GF services. Finally, HB 5619 would limit the ability of local clinicians and experts on the ground to best manage the needs of their community.

Respectfully submitted,

Alan Bolter Associate Director Community Mental Health Association of Michigan